

**FILED**

Case 1:08-cv-02757

Document 7

Filed 05/27/2008

Page 1 of 3

**MAY 12 2008**



**MAY 27, 2008**

**MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT**

**RECEIVED**

**MAY 12 2008**

*mb*

**MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT**

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

Brian Perron.

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

**08CV 2757  
JUDGE DOW  
MAGISTRATE JUDGE KEYS**

vs.

Case No. \_\_\_\_\_  
(To be supplied by the Clerk of this Court)

Co. of Dupage, (Personal Cap)

Sheriff Zaruba. (Personal Cap.)

Chief Lavery (Personal Cap.)

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

**CHECK ONE ONLY:**

XXX

**COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)**

           **COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)**

           **OTHER (cite statute, if known)**

***BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.***

**I. Plaintiff(s):**

- A. Name: Brian Perron
- B. List all aliases: \_\_\_\_\_
- C. Prisoner identification number: 167203
- D. Place of present confinement: Dupage Co. Jail
- E. Address: 501 N. County Farm Rd., Wheaton, IL 60187

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Co. of Dupage. (Personal Cap.)  
 Title: N/A  
 Place of Employment: Co. of Dupage
- B. Defendant: Sheriff Zaruba. (Personal Cap)  
 Title: Sheriff of Dupage Co. Sheriff's Office  
 Place of Employment: Dupage Co. Jail
- C. Defendant: Chief Lavery (Personal Cap.)  
 Title: Chief of Dupage Co. Sheriff's Office  
 Place of Employment: Retired, address unknown to inmate

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: Perron V Lyons; 07CH2200
- B. Approximate date of filing lawsuit: Aug. 31, 2007
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Brian Perron
- D. List all defendants: David Lyons
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Dupage Co. Court
- F. Name of judge to whom case was assigned: Judge Popejoy
- G. Basic claim made: Fraudulent statement to judge regarding legal material
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Dismissed for past Statue of Limitation
- I. Approximate date of disposition: Jan. 4, 2008

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: Perron V Sgt. Mateer, et al.,  
08C1735
- B. Approximate date of filing lawsuit: March 25th, 2008
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: None
- D. List all defendants: Sgt. Mateer, Dep. Hannon, Chief Lavery
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): US Dist., Northern Dist.
- F. Name of judge to whom case was assigned: Magistrate Judge Keys
- G. Basic claim made: Police Brutality
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Pending
- I. Approximate date of disposition: \_\_\_\_\_

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

#### IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Between April 19th, 2005 & Aug. 14th, 2006, plaintiff requested multi-  
ple times for magic shave for his facial hair. Deputies kept tell-  
ing plaintiff that policy prohibited the use of magic shave. In  
Oct. of 2005, a black inmate requested magic shave and was given  
it to use for his facial hair. Plaintiff asked for some and was  
told "no". When asked why, plaintiff was told because he was white  
and he had to use the razors eventhough they irritate his skin.  
Oct. 18th, 2005, Plaintiff filed a grievance per Inmate Rules and  
Regulations to which was never responded to. On Oct. 25th, 2005, an  
appeal was filed to Chief Lavery per Rules and Reg. which was never  
replied to, reaffirming that policy as stated to plaintiff by dep.  
that white inmates cannot use magic shave. Aug. 14th, 2006, plaintiff  
was transferred to IDOC, so plaintiff waited to file a complaint  
so he could find an attorney to assist him. On April 18th, 2007,  
plaintiff was released from IDOC, then rearrested on May 7th, 2007  
and sent back to Dupage Co. Jail. On June 25th, 2007, plaintiff  
requested the use of magic shave and was told by deputy that jail  
policy prohibited the use of magic shave by caucasian inmates.

Plaintiff then asked what shaving alternatives there were for caucasians and was told there was none even though blacks had an alternative. On June 25th, 2007, plaintiff filed a grievance per Inmate Rules and Regulations which grievance officer replied that "Magic shave is only dispensed to African American inmates due to skin types and caustic ingredients within magic shave can cause harm to fair skin types." Ex B. On June 30th, 2007, plaintiff filed an appeal to Chief Lavery, which stated, "I affirm Dep. Manion's response.... Finally, if you possess a medical condition that requires a different shaving option, you may request to see medical about same." Inmates are charged to see medical. Black inmates don't have to have an order from medical to receive an alternative to shaving with a razor, all they have to do is ask for it. Any policy of local government that violates an inmates constitutional rights, inmates can hold municipality liable.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

enjoining and restraining the defendants from committing unequal  
treatment to white inmates with policies of the jail; supply white  
inmates with an alternative to shaving with razors; ??? for damages;  
??? for punitive damages; and any and all relief the court deems  
proper.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Signature of plaintiff or plaintiffs)

Brian Perron

\_\_\_\_\_  
(Print name)

167203

\_\_\_\_\_  
(I.D. Number)  
DPCJ

\_\_\_\_\_  
501 N County Farm Rd

\_\_\_\_\_  
Wheaton, IL 60187  
(Address)

## DUPAGE COUNTY JAIL

## INMATE REQUEST/GRIEVANCE FORM

FORM:SO-00422

REVISED:02/06

PRINT

NAME: Brian PierronDATE: 6/25/07

DOCKET

NUMBER: 162203HOUSING LOCATION: D/L 1POD CCELL 5

CHECK ONLY ONE ITEM PER SLIP

## LEGAL

☐ PUBLIC DEFENDER☐ PROBATION

CASE # \_\_\_\_\_

COURT ROOM # \_\_\_\_\_

## ADMINISTRATIVE SERVICES

☐ SEE-WATCH SUPERVISOR☒ GRIEVANCE☐ LAW LIBRARY☐ COMMISSARY AUDIT☐ OUTDATE/WARRANT CHECK☐ TRUSTY WORK REQUEST☐ HAIRCUT☐ OTHER☐ LETTER OF INCARCERATION REQUEST

## JUST of DUPAGE SOCIAL/EDUCATIONAL SERVICES

☐ ALCOHOLICS ANONYMOUS☐ JOB READINESS☐ NARCOTICS ANONYMOUS☐ GED☐ ADDICTION EDUCATION/12 STEP☐ BASIC COMPUTER TRAINING☐ AL-ANON (FEMALE ONLY)☐ ANGER MANAGEMENT☐ SUBSTANCE ABUSE COUNSELING☐ BOOK CLUB (FEMALE ONLY)☐ DOCE PASOS DE VICTORIA☐ PARENTING (FEMALE ONLY)☐ ONE ON ONE COUNSELING☐ TELEPHONE REQUEST☐ RELAPSE PREVENTION/HEALING ADDICTIONS☐ "TO COURT" LETTER (REQUEST OF ACTIVITIES ATTENDED)

## JUST of DUPAGE RELIGIOUS SERVICES

☐ CATHOLIC WORSHIP☐ SCRIPTURE REQUEST (TYPE) \_\_\_\_\_☐ MUSLIM WORSHIP☐ ESTUDIO DE LA BIBLIA EN ESPANOL☐ CHRISTIAN WORSHIP/BIBLE STUDY☐ BIBLE STUDY CORRESPONDENCE COURSE☐ CHAPLAIN, JUST of DUPAGE

## JAIL CHAPLAIN SERVICES

☐ DEACON ANDREW, CHAPLAIN☐ FATHER GREG, ASS'T. CHAPLAIN

## DUPAGE COUNTY HEALTH DEPARTMENT

☐ HEALTH EMPOWERMENT (FEMALES ONLY)☐ OTHER \_\_\_\_\_

DESCRIBE (Use Reverse Side if More Space Is Needed)

Black inmates are given an alternative  
for shaving by being given magic shavers.  
Why are white inmates receiving unequal  
treatment?





**OFFICE OF THE SHERIFF**  
COUNTY OF DUPAGE

**JOHN E. ZARUBA**  
SHERIFF

501 N. COUNTY FARM ROAD  
WHEATON, ILLINOIS 60187  
ADMINISTRATION (630) 682-7269  
CIVIL DIVISION (630) 682-7250

TO : Inmate Brian Perron 1C-5

FROM: Deputy Martin C. Manion Special Services Manager

DATE : 28 June, 2007

RE : Grievance

In response to your submitted grievances dated June 25<sup>th</sup>.

1. Per State's Attorneys Office, Deputy Lyons is not permitted to assist inmates in preparation of legal motions or documents for court due to not being a licensed attorney. If you wish to obtain legal forms, write the DuPage County Circuit Clerks Office.
2. It is the policy of the DuPage County Jail to provide indigent inmates with weekly option. 9-pieces of legal paper, 3-stamped envelopes, toothbrush/paste, 1-pen or indigent kit that contains 1-pad of paper, 2-stamped envelopes, 1-pen. All inmates are provided liquid soap for bathing.
3. Due to our current computer system we must charge inmates 1-cent for indigent kits. On above date, I reimbursed your account 5-cents for previous indigent charges.
4. No inmate, including indigent inmates within the DuPage County Jail, are ever denied the ability to copy current legal material from the law library books. They can either purchase paper from commissary or receive 1-pad of paper 50-sheets per week if indigent. If legal material cannot be found in law library the inmate can request from their attorney or judge the requested material.
5. The DuPage County Jail does not provide, or is required to provide paralegal services to inmates. The DuPage County Public Defender's Office will provide indigent inmates with legal advice and direction.
6. Per your request to be housed in administrative segregation. All inmates housed within these locations are restricted in their movement within the DuPage Jail for their protection and protection of other inmates. This includes access to religious group services. However, if you wish to have a spiritual adviser such as priest, rabbi, minister, visit you; you can request Chaplain Ray Anderson to contact such person to come and meet with you on an individual basis. Chaplain Anderson has been notified of your current housing location and will be coming down to speak with you regarding these issues.



**OFFICE OF THE SHERIFF**  
COUNTY OF DUPAGE

**JOHN E. ZARUBA**  
SHERIFF

501 N. COUNTY FARM ROAD  
WHEATON, ILLINOIS 60187  
ADMINISTRATION (630) 682-7269  
CIVIL DIVISION (630) 682-7250

7. Commissary prices are continually being reviewed through vendors requested retail selling price and prices comparable in other stores in the community.
8. It is the policy of the DuPage County Jail to not allow inmates who are housed within receiving cells or 1ABC pod with pens. This is due to previous graffiti written on cell walls. All such inmates are given pencils when they are housed in these areas. If you have a pen it will be placed within your property and given to you once you relocate to general population or released from Jail.
9. Magic Shave is only dispensed to African American inmate's due to skin types and caustic ingredients within Magic Shave can cause harm to fair skin types.
10. You are charged .55 cents for stamped envelope due to charge for both stamp and envelope.
11. You were being processed within the DuPage County Jail on May 7<sup>th</sup> and the holding cells do not provide mattress due to amount of inmates being processed, available space, and limited time within holding area.
12. The commissary receives its supplies from reputable vendors who meet all state and federal requirements for selling such products to jail, prisons, or other retail selling outlets.

Copy:  
Chief Lavery  
Grievance File  
Inmate File  
File

## INMATE REQUEST/GRIEVANCE FORM

FORM:80-00422

REVISED:02/06

PRINT NAME: Brian PerronDATE: 6/30/07DOCKET NUMBER: 167203HOUSING LOCATION: D/L 1 POD C CELL 5

CHECK ONLY ONE ITEM PER SLIP

## LEGAL

☐ PUBLIC DEFENDER☐ PROBATION

CASE # \_\_\_\_\_

COURT ROOM # \_\_\_\_\_

## ADMINISTRATIVE SERVICES

☐ SEE WATCH SUPERVISOR☒ GRIEVANCE☐ LAW LIBRARY☐ COMMISSARY AUDIT☐ OUTDATE/WARRANT CHECK☐ TRUSTY WORK REQUEST☐ HAIRCUT☐ OTHER \_\_\_\_\_☐ LETTER OF INCARCERATION REQUEST

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## JAIL CHAPLAIN SERVICES

☐ DEACON ANDREW, CHAPLAIN☐ FATHER GREG, ASST. CHAPLAIN

## DUPAGE COUNTY HEALTH DEPARTMENT

☐ HEALTH EMPOWERMENT (FEMALES ONLY)☐ OTHER \_\_\_\_\_

DESCRIBE (Use Reverse Side if More Space is Needed)

I'm appealing the response to Black Inmates having a shaving option to Razors & Whites don't why are white Inmates not given a shaving option to Razors & receiving unequal treatment?

**JOHN E. ZARUBA**  
SHERIFF


501 N. County Farm Road  
Wheaton, Illinois 60187  
(630) 407-2000  
FAX (630) 407-2013  
www.co.dupage.il.us/sheriff



|                    |                |
|--------------------|----------------|
| Civil Division     | (630) 407-2060 |
| Corrections        | (630) 407-2255 |
| Crime Laboratory   | (630) 407-2100 |
| Detective Division | (630) 407-2323 |
| Radio Room         | (630) 407-2400 |
| Records Division   | (630) 407-2270 |
| Warrants Division  | (630) 407-2290 |

**OFFICE OF THE SHERIFF**  
COUNTY OF DUPAGE

TO: Inmate Brian Perron

FROM: Chief Lavery 

SUBJ: Grievance Appeal dated 6/30/07 (received 7/9/07), Shaving Option

DATE: July 12, 2007

I have reviewed your appeal regarding a shaving option for white inmates. You cite that black inmates have the option of using magic shave. I affirm Deputy Manion's response ("Magic Shave is only dispensed to African American inmates due to skin types and caustic ingredients within Magic Shave can cause harm to fair skin types."). Finally, if you possess a medical condition that requires a different shaving option, you may request to see medical staff about same.

Copy to:  
Inmate file  
Grievance file  
Deputy Manion  
ASA Bruckner

DUPAGE COUNTY JAIL  
INMATE REQUEST/GRIEVANCE SLIP

PRINT  
NAME: Brian Perron DATE: 10/18/05  
DOCKET  
NUMBER: 20504950 D/L 1 POD C CELL 4  
CHECK ONLY ONE ITEM PER SLIP

|   |   |
|---|---|
| LEGAL   |   |
| <input type="checkbox"/> Public Defender                | <input type="checkbox"/> Probation Court Room   |
| Case #:   |   |
| ADMINISTRATIVE SERVICES                                 |   |
| <input type="checkbox"/> Law Library                    | <input type="checkbox"/> Substance Abuse Group <input type="checkbox"/> Commissary Audit            |
| <input type="checkbox"/> See Watch Supervisor           | <input type="checkbox"/> Outdate/Warrant Check <input checked="" type="checkbox"/> Grievance        |
| RELIGIOUS SERVICES                                      |   |
| <input type="checkbox"/> Chaplain                       | <input type="checkbox"/> Catholic Chaplain <input type="checkbox"/> Catholic Worship                |
| <input type="checkbox"/> Christian Worship/Bible Study  | <input type="checkbox"/> Estudio de la Biblia en Espanol  |
| <input type="checkbox"/> Muslim Worship                 |   |
| SOCIAL/EDUCATIONAL SERVICES                             |   |
| <input type="checkbox"/> AA <input type="checkbox"/> NA | <input type="checkbox"/> Health Dept. Psychological Services <input type="checkbox"/> Job Readiness |
| <input type="checkbox"/> Personal/Family Problems       | <input type="checkbox"/> GED/College Classes <input type="checkbox"/> Other                         |

DESCRIBE (Use Reverse if More Space is Needed)

I was told since I'm "white" I  
can't have magic shaver why  
am I being discriminated against  
because of my Race?

SO-00422

(copy)

Chief Lavery

DUPAGE COUNTY JAIL  
INMATE REQUEST/GRIEVANCE SLIP

PRINT  
NAME: Brian Perron DATE: 10/25/05  
DOCKET  
NUMBER: 20504950 D/L 1 POD C CELL 4  
CHECK ONLY ONE ITEM PER SLIP

|   |   |
|---|---|
| LEGAL   |   |
| <input type="checkbox"/> Public Defender                | <input type="checkbox"/> Probation Court Room   |
| Case #:   |   |
| ADMINISTRATIVE SERVICES                                 |   |
| <input type="checkbox"/> Law Library                    | <input type="checkbox"/> Substance Abuse Group <input type="checkbox"/> Commissary Audit            |
| <input type="checkbox"/> See Watch Supervisor           | <input type="checkbox"/> Outdate/Warrant Check <input checked="" type="checkbox"/> Grievance        |
| RELIGIOUS SERVICES                                      |   |
| <input type="checkbox"/> Chaplain                       | <input type="checkbox"/> Catholic Chaplain <input type="checkbox"/> Catholic Worship                |
| <input type="checkbox"/> Christian Worship/Bible Study  | <input type="checkbox"/> Estudio de la Biblia en Espanol  |
| <input type="checkbox"/> Muslim Worship                 |   |
| SOCIAL/EDUCATIONAL SERVICES                             |   |
| <input type="checkbox"/> AA <input type="checkbox"/> NA | <input type="checkbox"/> Health Dept. Psychological Services <input type="checkbox"/> Job Readiness |
| <input type="checkbox"/> Personal/Family Problems       | <input type="checkbox"/> GED/College Classes <input type="checkbox"/> Other                         |

DESCRIBE (Use Reverse if More Space is Needed)

I'm appealing the no response to  
being told since I'm "white" I  
can't have magic shaver why am  
I being discriminated against due  
to my Race?

SO-00422

(copy)